

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101801091

FILING DATE

APPLICANT(S)

2-15-04 9-4-07 3-28-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4		1	1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
25	1		1		1	
26	1		1		1	
27	1		1		1	
28	1		1		1	
29	1		1		1	
30	1		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	1		1		1	
35	1		1		1	
36	1		1		1	
37	1		1		1	
38	5		5		5	
39	5		5		5	
40	5		5		5	
41	5		5		5	
42	1		1		1	
43	1		1		1	
44	1		1		1	
45	1		1		1	
46	1		1		1	
47	1		1		1	
48	1		1		1	
49	1		1		1	
50	1		1		1	
TOTAL IND.	4		4		8	
TOTAL DEP.	114	↔	113	↔	128	↔
TOTAL CLAIMS	118		117		136	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1			1			1	
52	1			1			1	
53	1			1			1	
54	1			1			1	
55	1			1			1	
56	1			1			1	
57	1			1			1	
58	1			1			1	
59	1			1			1	
60	1			1			1	
61	1			1			1	
62	1			1			1	
63	1			1			1	
64	1			1			1	
65	1			1			1	
66	1			1			1	
67	1			1			1	
68	1			1			1	
69	1			1			1	
70	1			1			1	
71	1			1			1	
72	1			1			1	
73	1			1			1	
74	1			1			1	
75	1			1			1	
76	1			1			1	
77	1			1			1	
78	1			1			1	
79	1			1			1	
80	1			1			1	
81	1			1			1	
82	1			1			1	
83	1			1			1	
84	1			1			1	
85	1			1			1	
86	1			1			1	
87	1			1			1	
88	1			1			1	
89	1			1			1	
90	1			1			1	
91	1			1			1	
92	1			1			1	
93	1			1			1	
94	1			1			1	
95	1			1			1	
96	1			1			1	
97	1			1			1	
98	1			1			1	
99	1			1			1	
100	1			1			1	
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

3-18-84

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		1
2		1		1		1
3				1		1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12					1	
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20					1	
21						1
22						1
23						1
24						1
25						1
26					1	
27						1
28					1	
29						1
30						1
31						1
32						1
33						1
34					1	
35						1
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			DEP.			IND.		
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
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89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

109-08 1-27-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			0		1	
9						
10						
11						
12						
13			1		1	
14			1		0	
15			1		0	
16			0		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			1		0	
26			1		1	
27			1		0	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36						
37			1		1	
38					13	
39					13	
40					13	
41					13	
42						
43						
44						
45			1		1	
46			1		1	
47			0		1	
48			1		0	
49			1		1	
50			1		1	
TOTAL IND.			8		8	
TOTAL DEP.			101		120	
TOTAL CLAIMS			125		125	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					1		1	
52					1		1	
53					0		1	
54								
55								
56								
57					1		1	
58					1		1	
59					1		1	
60					1		1	
61					1		1	
62					1		1	
63					1		1	
64					1		1	
65					1		1	
66					1		1	
67					1		1	
68					1		1	
69					1		1	
70					1		1	
71					1		1	
72					1		1	
73					1		1	
74					1		0	
75					1		0	
76					1		1	
77					1		1	
78					1		1	
79					1		1	
80					1		1	
81					1		1	
82					1		1	
83					1		0	
84					1		1	
85					1		1	
86					1		0	
87					1		1	
88					0		1	
89					1		0	
90					1		1	
91					1		1	
92					1		1	
93					1		1	
94					1		1	
95					1		1	
96					1		1	
97					1		1	
98					1		1	
99					1		1	
100					1		1	
TOTAL IND.					1		1	
TOTAL DEP.					1		1	
TOTAL CLAIMS					1		1	

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1		1
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12			1		1	
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20			1		1	
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26			1		1	
27				1		1
28			1		1	
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34			1		1	
35				1		1
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
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65								
66								
67								
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88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

7-28-09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9						
10						
11						
12						
13						
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36						
37			1			
38			1			
39			1			
40			1			
41			1			
42						
43						
44						
45			1			
46			1			
47			1			
48			1			
49			1			
50	1		1			
TOTAL IND.			8			
TOTAL DEP.			127			
TOTAL CLAIMS			135			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51			1	
52			1	
53			1	
54				
55				
56			1	
57			1	
58			1	
59			1	
60			1	
61			1	
62			1	
63			1	
64			1	
65			1	
66			1	
67			1	
68			1	
69			1	
70			1	
71			1	
72			1	
73			1	
74			1	
75			1	
76			1	
77			1	
78			1	
79			1	
80			1	
81			1	
82			1	
83			1	
84			1	
85			1	
86			1	
87			1	
88			1	
89			1	
90			1	
91			1	
92			1	
93			1	
94			1	
95			1	
96			1	
97			1	
98			1	
99			1	
100			1	
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/801021
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1		
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1	1			
28		1	1			
29			1			
30			1			
31			1			
32			1			
33			1			
34		1				
35		1				
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								